0579-0440, Conditions for Payment of Avian Influenza Indemnity Claims									
Form Number or Other Identification	Total Annual Responses	Avg. Time Per Response	Total Hours Per Year	Federal Employee		Wage Costs	Fringe Benefits	Overhead Costs	Total Costs
			(B x C)	Grade	Wage (Step 4)	(D x (E.2))	(F x 0.613)	(F x 0.139)	(F + G + H)
(A)	(B)	(C)	(D)	(E.1)	(E.2)	(F)	(G)	(H)	(I)
Biosecurity Plans	18,900	0.833	15,744	13	$ 54.65	$ 860,393	$ 527,421	$ 119,595	$ 1,507,409
OSA Biosecurity Audit	600	0.083	50	14	$ 64.58	$ 3,216	$ 1,971	$ 447	$ 5,635
Check Audit	5	16	80	14	$ 64.58	$ 5,166	$ 3,167	$ 718	$ 9,052
Restocking and HPAI Testing	25	1.500	38	12	$ 45.96	$ 1,724	$ 1,057	$ 240	$ 3,020
VS 9-14, Indemnity and Compensation Decision Determination Worksheet	7	2	14	13	$ 54.65	$ 765	$ 469	$ 106	$ 1,340
VS 9-13, Appraisal and Indemnity Request	30	2	60	12	$ 45.96	$ 2,758	$ 1,690	$ 383	$ 4,831
Flock Plan and Compliance Agreement	35	5	175	12	$ 45.96	$ 8,043	$ 4,930	$ 1,118	$ 14,091
VS 1-23, Appraisal and Indemnity Claim	32	1.500	48	12	$ 45.96	$ 2,206	$ 1,352	$ 307	$ 3,865
Compost Windrow Checklist	25	4	100	12	$ 45.96	$ 4,596	$ 2,817	$ 639	$ 8,052
Initial State Response and Containment Plan	49	5	245	13	$ 54.65	$ 13,389	$ 8,208	$ 1,861	$ 23,458
Initial Contact and Epidemiological Report	25	6	150	13	$ 54.65	$ 8,198	$ 5,025	$ 1,139	$ 14,362
TOTAL									$ 1,595,115